

MEMORANDUM FOR All Flight surgeons

RE: BLUF NOTES, APL/ATB Changes/Updates, Nov 2005-Feb 2006

1. ATB Changes/Updates
 - a. No New changes or Updates
 - b. Previous listed updates and changes have completed final AERO beta-testing and are now updated for current and future AERO FDME/FDHS. Flight surgeons should see changes on the DA 4497 to include a fix on the manifest section. BMI will begin to show. A box has been added for Abdominal Circumference Measurement in centimeters for the Metabolic Syndrome APL. Any thoughts or changes to AERO, please e-mail AAMA at aama@amedd.army.mil.
2. APL Updates/New APL's
 - a. Corneal Refractive Surgery APL—updated the policy letter in January 2006. Essentially, as previously mentioned, with the SG's policy letter on LASIK on 8 DEC 05, now all 3 forms--LASIK, PRK and LASEK—may be Information Only (I/O) provided the applicant has met all pre- and 5 post-surgical requirements. These may be reported on DD2808 or in the form of an Abbreviated AMS, but bottomline, the verbiage needs to be there. **For those not meeting all of the standards or requirements, submission will HAVE to include an AMS for a waiver or ETP.** An updated Fact Sheet has been provided for applicant information and review.
 - b. SSRI APL—policy letter updated in January '06 as well. It redefines and outlines the process for evaluation and requirements for submission for a waiver as well as a ballpark timeline to inform the aviator. Essentially what is needed—comprehensive FDME; detailed interview with psychiatrist/psychologist; narrative summary of treatment progress; neuropsychological testing (ideally before starting meds but is needed after stable on maintenance therapy; operational assessment and command endorsement after the 3rd month of maintenance therapy; and submission to AAMA. If all is well, may continue to fly on temp upslip after aforementioned requirements are satisfied pending waiver up to 90 days at a time while AAMA processes the waiver request (see below). Follow-up needs to be continued every 6 months and reported on annual FDHS/FDMEs IAW APL. The sister services and FAA are quite interested in the Army's position on SSRI use in aviators, so it is incumbent on our service to strive for excellence in care. USAARL is in the final planning phases of designing a research study to better understand any subtle findings with respect to cognition and performance. USAARL will need the local flight surgeon's support in having the

waived aviators come for evaluation here at Fort Rucker (and potentially also with NAMI in Pensacola) for assessment and testing. This will be on a fund cite from USAARL to fund the visit, perhaps requiring the aviator to be away from home station for up to a week—more to follow on this piece. Individual results from the USAARL study will not be released to AAMA or local Flight surgeon to maintain anonymity.

3. Currently AAMA is working on clearing the backlog for AMS waivers and suspensions. Work on APLs has slowed during this time, but a new 2006 APL guide is posted along with an updated 2006 Flight Surgeon Checklist. AERO has the latest updates in the DOWNLOAD Section. Keep calling or emailing on RUSH cases, RUSH suspensions, consultative, APL/AR interpretation, or just to pass on thoughts. Most everyone knows the Voice/Face of AAMA, and she enjoys taking calls. (334.255.7430, DSN 558) AERO use is upwards past 75%--its utility as the Army tool is well-established, winning the OTSG Excalibur Award. The majority of submission returns come from physicals that did not utilize AERO. I encourage everyone to “get onboard” and use the tool. If short of staffing, as most are, utilize clerks and medics to assist with the initial set-up of the AERO encounter when starting the flight physical. AERO is set-up to allow clerks, medics, and support personnel to READ/WRITE. The only criteria for non-medical personnel is that they complete and understand HIPAA training and limitations with medical information and communication. On the new AERO account request form, there is a link so anyone may complete the HIPAA training. The incremental time added to doing flight physicals in AERO is overwhelmingly worth reducing the frustration, wasted time, and delay from doing the physical, sending it in the mail or fax to AAMA for review and return due to incomplete, re-doing the missing items, sending it back, and on and on. With AERO, flight surgeons/APAs are able to see the history, the waivers, Admin Notes, and prior summaries. In the short run and long run, it SAVES EVERYONE TIME, ENERGY, AND MONEY.
4. POC is the Director, USAAMA.